

**Fort Lupton Recreation Department
Financial Assistance Application**

Scholarship Amt: _____
Amt. to be paid by family: _____

Applicant: _____ Phone (H) _____ (W) _____

Address: _____ City _____ Zip _____

Relationship to Child _____ Married _____ Single _____ Separated _____ Divorced _____

Spouse (If applicable) _____ Phone (H) _____ (W) _____

Address: _____ City _____ Zip _____

Children:

Name: _____ Age _____ School _____

Name: _____ Age _____ School _____

Name: _____ Age _____ School _____

Name: _____ Age _____ School _____

Total Number in Household: _____

Please list the program or programs that you are requesting financial assistance for:

To support the programs in which you are applying for financial aid, we encourage participants and their families to volunteer. Would you be able to volunteer with these programs? _____

Total Household Gross monthly income: _____/month before taxes
(Please include all forms including child/spousal support and income from all earners in household)

Please provide a narrative describing the reasons and any other information that you feel might be helpful in determining your financial assistance:

Please attach a copy of the previous years' tax return to your application. Applications can not be processed without this information.

I give permission to the Fort Lupton Recreation Department staff to verify any required documentation and information.

I attest that the following information furnished in this document is accurate and correct to the best of my knowledge and understand that providing inaccurate information may affect the outcome of my receipt of financial assistance

Signature: _____ Date: _____